PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY
• NOVEMBER 2004 NEWSLETTER •

Quick Facts

- More than 8500 readers have subscribed to *PCD*.
- Web site hits exceed 1 million.

Announcements

PCD has been accepted for indexing in PubMed Central, PubMed/Medline, CINAHL, and DOAJ.

Senior Editor Ellen Taratus and Graphic Designer Kristen Immoor received first prize in the visual and graphic arts category of the 2004 CDC/ATSDR Communicators Roundtable Awards.

Coming Soon

PCD's January 2005 issue will feature articles that address the public health challenges of diabetes along the U.S.-Mexico border. For the first time, selected articles will be published in English and Spanish. Barbara Bowman, a *PCD* editorial board member, is serving as guest editor for the issue, which will be released December 15, 2004.

Spreading the Word

PCD staff members conducted manuscript submission workshops with selected grant recipients from the CDC's REACH 2010 and National Tobacco Control programs. The workshops were designed to promote awareness of *PCD* submission requirements and to encourage prevention practitioners to consider publishing articles in *PCD*. Abstracts have already been received from REACH grantees, and a themed issue on the REACH 2010 program is planned for 2005.

During 2004, *PCD* conducted promotional activities at nine conferences where we solicited manuscripts, recruited peer reviewers, and signed up subscribers. Currently, 11 conference exhibits are planned for 2005. Is there an event you would like us to attend? Contact us and let us know.

Save the Date!

PCD Annual Editorial Board Meeting
March 2, 2005
Atlanta Marriott Marquis
Noon

Journal Spotlight

Journal Spotlight highlights previously published articles in *Preventing Chronic Disease*, and it appears regularly as a column in *PCD E-News*. This edition of Journal Spotlight contains summaries of editorials and commentaries from Volume 1.

Social Determinants of Health
SL Syme
(http://www.cdc.gov/pcd/issues/2004/jan/03_0001.htm)

Syme derives his commentary from his plenary presentation at the 2003 Chronic Disease Conference. He describes a lifetime of efforts to work with communities on health behaviors. The first project illustrated, a smoking cessation program in Richmond, Calif, was well designed as an intervention in two comparison communities, but final analysis failed to identify any intervention effects. This illustration provides an important lesson: ask communities about their own priorities before planning and implementing interventions. Additionally, he argues that education alone is not enough to change behavior and that public health professionals must not only address the underlying community forces creating unhealthy behaviors but also accept that social class is a major determinant of disease. Syme offers several strategies for addressing community and social class: funding mechanisms that allow comprehensive community interventions; developing multidisciplinary teams; structuring interventions that operate at multiple levels of society; and empowering communities and individuals to "control their own destinies" by dealing with the forces that shape their lives. He concludes that educating public health professionals to accomplish these strategies requires a fundamental change in the public health model.

Using Survey Data for Diabetes Surveillance Among Minority Populations: A Report of the Centers for Disease Control and Prevention's Expert Panel Meeting
NR Burrows, J Lojo, MM Engelgau, LS Geiss
(http://www.cdc.gov/pcd/issues/2004/apr/03_0018.htm)

State-based Diabetes Surveillance Among Minority Populations
J Desai
(http://www.cdc.gov/pcd/issues/2004/apr/03_0030.htm)

The expert panel report addresses the serious gaps in data on the prevalence of diabetes among minority populations. Challenges to obtaining data for diabetes surveillance include lack of sufficient survey sample size; lack of race and ethnicity data in some health databases; grouping of heterogeneous populations; and difficulty in contacting members of some minority groups. Given the cost of establishing entirely new surveys, the panel recommends adapting current databases to meet these challenges. Their specific recommendations include 1) investigating the use of community-based surveys, 2) exploring the ability of national surveys to increase sample sizes and produce state-level estimates, and 3) encouraging government agencies and public health programs to coordinate and integrate diabetes-related survey data and share analytic methodology.

Desai responds to these national recommendations with a discussion of the challenges and efforts at state-level minority diabetes surveillance, especially in the Minnesota state health department. The state may face major challenges in collecting diabetes data among new groups of immigrants with different cultures, but partnering with local minority communities may assist in that effort. Working with health care systems to include race and ethnicity in their databases is also a possibility, although it raises confidentiality concerns. It is critical to address such concerns so that diabetes among minority populations can be better understood and treatment can be improved.

The Burden of Chronic Disease: The Future is Prevention
Introduction to Dr. James Marks' presentation, "The Burden of Chronic Disease and the Future of Public Health"
G Hardy, Jr
(http://www.cdc.gov/pcd/issues/2004/apr/04_0006.htm)

Hardy briefly discusses the challenges of preventing chronic disease and introduces Marks' presentation on this topic. Chronic diseases account for 70% of the deaths of all Americans and 75% of annual health care costs in the United States. The drain on the national economy will increase unless there is more focus on preventing these diseases. Improving medical care and investing in public health are essential to avoid an economic crisis. Furthermore, there are proven population-based interventions to reduce risk factors for these diseases.

Commentary on the VERB™ Campaign — Perspectives on Social Marketing to Encourage Physical Activity Among Youth
A Bauman
(http://www.cdc.gov/pcd/issues/2004/jul/04_0054.htm)

Bauman discusses the VERB Campaign, a Centers for Disease Control and Prevention media campaign that encourages physical activity among children aged nine to 13 years, or "tweens." Media informs, but it is not enough to change behavior; VERB discusses the need to form community partnerships that create safe places for physical activity and to encourage local events for children. VERB took the critical step of conducting formative research to discover the kinds of messages that would appeal to tweens, and evaluation of the campaign's effectiveness is underway. Elements of the campaign are derived from social marketing theory, which is intended to encourage protective behaviors using marketing techniques. Long-term effects of the campaign can only be judged as adolescent exercise and obesity rates change over time.

Prevention Health Care Quality in America: Findings From the First *National Healthcare Quality and Disparities Reports*
E Kelley, E Moy, B Kosiak, D McNeill, C Zhan, D Stryer, C Clancy
(http://www.cdc.gov/pcd/issues/2004/jul/04_0031.htm)

Representatives from the Agency for Healthcare Research and Quality describe the agency's recent publications, the first *National Healthcare Quality and Disparities Report* and the *National Healthcare Quality Report*. The reports include analysis of 50 primary and secondary prevention quality-of-care measures in five clinical areas: cancer, diabetes, heart disease, maternal and child health, and respiratory disease. In general, progress has been mixed at best in preventive-care service quality. For example, performance has deteriorated or not improved for three quarters of the 21 prevention quality measures for which trend data are available. Disparities among populations are demonstrated in several areas. People of lower socioeconomic status (SES) and some minority populations are less likely to have colorectal and breast cancer screening. People of lower SES and Hispanics are less likely to have blood pressure and cholesterol screening in addition to counseling and treatment for some cardiac risk factors. Children of lower SES and some minority children are less likely to have dental care. Significant progress is needed in areas such as colorectal cancer screening, delivery of the full complement of diabetes secondary preventive services, and cessation counseling for smokers, particularly when they are admitted to the hospital for heart attacks. Overall, the major conclusions of the reports are that high-quality health care is not a given; gaps in quality are particularly acute for certain racial, ethnic, and socioeconomic groups, but improvement is possible.

Digital Government and Public Health
J Fountain
(http://www.cdc.gov/pcd/issues/2004/oct/04_0084.htm)

Digital government is the production and delivery of information and services within government units and between government and the public using a range of communication technologies. Government-to-citizen and government-to-government relationships both offer opportunities and challenges. Assessment of a public health agency's readiness for digital government includes examination of technical, managerial, and political capabilities. Public health agencies are especially challenged by a lack of funding for technical infrastructure and expertise, by privacy and security issues, and by lack of Internet access for low-income and marginalized populations. Public health agencies understand the difficulties of working across agencies and levels of government, but the development of new, integrated e-programs will require not only technical change but also a profound change in communication and operation paradigms.

Reengineering Vital Registration and Statistics Systems for the United States
C Rothwell
(http://www.cdc.gov/pcd/issues/2004/oct/04_0074.htm)

For more than a hundred years, the United States has operated a decentralized vital statistics system as an essential component of public health. The national vital statistics system provides nearly complete, continuous, and comparable federal, state, and local data. However, this system is based on outmoded registration practices and structures, which raises concerns about data quality, timeliness, and real-time linkage capabilities. The National Association of Public Health Statistics and Information Systems, the National Center for Health Statistics of the Centers for Disease Control and Prevention, and the Social Security Administration are working together to address these issues and have made notable achievements. Challenges that remain include: effective retrieval of quality medical information from physicians, coroners, and medical examiners; connecting funeral directors and physicians electronically and sharing confidential information on the decedent with the state; and how to connect vital statistics systems to data systems already in use by funeral directors and medical examiners. Efforts to rejuvenate the nation's vital statistics system will need to expand dramatically to provide public health with a timely, high-quality, and flexible system to monitor vital health outcomes at the local, state, and national levels.

If you have comments, and/or suggestions regarding this newsletter, contact Alexis Simmons at bmt2@cdc.gov.